



Arizona Department of Water Resources
Records Management Section
500 N. 3rd Street • Phoenix, Arizona 85004
(602) 417-2405 • (800) 352-8488
www.water.az.gov

Well Driller Report and Well Log

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ This report should be prepared by the driller in detail and filed with the Department within 30 days following completion of the well.

FILE NUMBER

WELL REGISTRATION NUMBER

55 -

PERMIT NUMBER (IF ISSUED)

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
CITY / STATE / ZIP CODE		LATITUDE ° ' "N Degrees Minutes Seconds			LONGITUDE ° ' "W Degrees Minutes Seconds		
CONTACT PERSON NAME AND TITLE		LAND SURFACE ELEVATION AT WELL Feet Above Sea Level					
TELEPHONE NUMBER	FAX	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> GPS: <input type="checkbox"/> Hand-Held <input type="checkbox"/> Survey-Grade					
		COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL					
		COUNTY WHERE WELL IS LOCATED					

SECTION 2. DRILLING AUTHORIZATION

Drilling Firm	
NAME	
DWR LICENSE NUMBER	
TELEPHONE NUMBER	FAX

SECTION 3. WELL CONSTRUCTION DETAILS

DATE WELL CONSTRUCTION STARTED	DATE WELL CONSTRUCTION COMPLETED	IF FLOWING WELL, METHOD OF FLOW REGULATION <input type="checkbox"/> Valve <input type="checkbox"/> Other:
Drill Method	Method of Well Development	Method of Sealing at Reduction Points
CHECK ONE <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify):	CHECK ONE <input type="checkbox"/> Airlift <input type="checkbox"/> Bail <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify): Water Level Information STATIC WATER LEVEL Feet Below Land Surface DATE MEASURED	CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Packed <input type="checkbox"/> Swedged <input type="checkbox"/> Welded <input type="checkbox"/> Other (please specify):

[illegible][illegible]

DEPTH OF BORING	DEPTH OF COMPLETED WELL
Feet Below Land Surface	Feet Below Land Surface

SECTION 5. GEOLOGIC LOG OF WELL

[illegible]

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK

MAP

PARCEL

- ❖ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ❖ Please indicate the distance between the well location and any septic tank system or sewer system.

	<p>1" = ____ ft</p>
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I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

DRILLING FIRM

SIGNATURE OF QUALIFYING PARTY

DATE